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Randomized Trial in the Phillipines

PRINCIPAL INVESTIGATOR: Dr. D. M. Parkin

CONTRACTING ORGANIZATION: International Agency for Research on

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Introduction

Breast cancer (BC) accounts for 720,000 new cases per year and it is the most frequent cancer in women. Incidence rates are rising in many countries, particularly in the developing world. At present, our knowledge of environmental risk factors does not permit formulation of any practical primary prevention programs. Improvements in surgical techniques, or in radiotherapy, are very unlikely to provide more than marginal changes in mortality rates.

A much greater decrease in deaths from breast cancer is achievable through screening programs which lead to detection of cancers which are smaller, at an earlier stage, and less malignant than those which surface clinically. Several randomised trials of screening for breast cancer have been carried out; in the majority the screening modality used was mammography, with or without physical examination of the breasts. There is a clear consensus that such screening programs are capable of decreasing the risk of mortality from breast cancer (Miller et al. 1990; Day, 1991). In the Swedish two-country trial using single view mammography, screening every 30 months reduced breast cancer mortality by some 40% in screened women over the age of 50.

However, population screening programs which depend upon mammography require extensive provision of expensive technology and highly trained radiologists and radiographers. The cost per life-year saved is, therefore, relatively high (Barnum and Greenberg, 1991), and clearly an inappropriate use of health care resources for many countries (WHO, 1984). Furthermore, it seems that mammographic screening is relatively inefficient for women under the age of 50, either because their cancers are faster growing, or because the sensitivity of mammography in the pre-menopausal breast is relatively low.

The alternative screening strategies which have been proposed are physical examination of the breasts (PE), and breast self-examination (BSE). Researchers of the University of Washington are conducting a large scale trial of BSE among 300,000 textile workers in Shanghai, China. This trial is scheduled to last 9 years. PE has never been used as the sole modality of screening, so that its effectiveness is not known. However, indirect evidence based on estimates of the accuracy of PE relative to mammography suggests that this type of examination could reduce mortality rates by perhaps 2/3 to 3/4 of that achievable by mammographic screening in women aged 50 or more. PE alone may be effective in younger women, in whom mammographic screening has not yet demonstrated any benefit.

Purpose of the present work is to establish 1) whether a programme of mass screening by PE performed by trained paramedical personnel can be set up in a developing country as part of the routine activity of first level health services, and 2) whether and to what extent such a programme can reduce mortality from breast cancer. The location is the greater Manila area of the Philippines. This population has a relatively high incidence of breast cancer, considerably above other Asian populations, and comparable to that in southern Europe.

Body

The study is a randomised controlled trial of the effect of annual PE of the breasts performed by trained nurses/midwives, in reducing mortality from breast cancer. The units of randomisation are health centres (HCs) within municipalities of the Manila - Rizal area. Women aged 35 - 64 years who are resident in the intervention HC areas are invited for a total of 5 annual breast examinations, carried out by trained midwives/nurses. At the first visit, the women are instructed in the technique of breast self examination (BSE) and provided with a leaflet in the local language explaining the purpose and methodology of BSE. Reinforcement of BSE knowledge is given at subsequent visits.

The study area comprises the central more urbanised municipalities of the National Capital Region (Districts I, II, II and IV) which includes 12 municipalities each having municipal health centres in the township area and barangay health stations in more rural areas.

Health centres are allocated to intervention or control group by stratified random sampling to ensure equality by socio-economic status, as well as population size. The total female population at risk in each group is about 170,000.

Examiners are trained using a programme already developed and tested in the Philippines. Training is repeated every other year for the duration of the intervention. Women eligible for screening are invited to participate through a variety of mechanisms. A pilot study has demonstrated that a substantial proportion of eligible women will visit the health centre for other reasons ('walk-ins'), and this use is especially prevalent in areas of lower social class. 'Walk-in' subjects can also be used to recruit friends and neighbours. Those who are not contacted via these mechanisms are traced by home visits.

At the first visit, an interview is administered, recording demographic variables and risk factors for breast cancer. Instruction in BSE is given at this visit and PE performed. An attempt is made to interview subjects who do not wish to participate in the project; should they refuse interview, data on socio-economic status is recorded and a recommendation made for the subject to visit her preferred physician for annual breast examination.

Women with detected abnormalities are referred for final diagnosis to special clinics, made available in 3 major hospitals staffed by project personnel.

Results obtained during the first year of the project are as follows:

- 1. A coordinating centre has been set up at José Reyes Memorial Hospital, one of the referral centres for women detected with abnormalities. The necessary equipment has been purchased: computer, photocopy machine, car and Mammacare ™ kits to train the nurses.
- 2. An IARC staff member has been recruited and briefed in Lyon about the project. She took up her duties in Manila at the beginning of July, coordinating full-time the project activity.
- 3. Two hundred and two HCs were randomly allocated to intervention and control groups.
- 4. The baseline questionnaire was developed, tested and finalised (appendix 1).
- 5. Nominative lists of eligible women by HC are being prepared and are almost complete.
- 6. Personnel from the staff of HC has been identified and trained to perform screening PE.
- 7. Hospital clinics for referral of positive women and mechanisms for documentation of results have been established (appendix 2)

Conclusions

The work done is in agreement and fits into the timing outlined in the project application for the first year activity.

Some changes to the original plan of work can now be anticipated concerning the training of field personnel. New administrative procedures which define the responsibilities and duties of the various bodies involved in administering health care, have been implemented by the Philippine Government. These imply a periodical substantial reshuffling of the field personnel between HCs. Therefore, personnel will need to be recruited and trained for the whole duration of the intervention.

As a consequence, sessions to evaluate the performance of the examiners may also need to be more frequent than originally planned.

References

Miller, A.B., Chamberlain, J., Day, N.E., Hakama, M. and Prorok, P.C. (1990) Report on a workshop of the UICC project on evaluation of screening for cancer. Int. J. Cancer **46**, 761-769

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Appendix 1

Questionnaire administered at recruitment.

Text is available both in English and Tagalog languages.

BREAST CANCER SCREENING PROJECT - BASELINE QUESTIONNAIRE DATE | | | | | day month Place of visit 3=other, specify______ 1=health centre 2=home Examiner _____ Record No from population lists.... Date of birth |__|_| Age | | | day month year

7	EDUCATION / EDUKASTON			
1.1	Did you go to school?1=yes2=no			
(If I	NO go to 2.1) (Kung HINDI ang sagot - itanong and 2.1)			
1.2	How old were you when you finished your studies?age (yrs)			
1.3	Which was the highest level of study which you completed? Ano ang pinakamataas na natapos ninyo sa pag-aaral? 0= no complete qualification 1=Primary 2=vocational (qualified manual worker) 3=Secondary 4=College 5=Post-graduate 0=hindi nakatapos ng elementarya 1=Elementaria 2=Vocational (Skilled) 3=High School 4=Kolehiyo 5=Mataas pa sa kolehiyo			
2	INCOME / KITA NG PAMILYA			
2.1	Ano ang buwanang kita ng inyong buong pamilya? (pesos)			
2.3	How many cohabitants is your family composed of (include yourself)?			
3	TOEACCO SMOKING / PANINIGARILYO			
3.1	Have you ever been a regular smoker?			
(if N	(Kung HINDI regular naninigarilyo, Itanong and 4.1)			
3.2	What age were you when you began to smoke regularly?			
3.3	Do you still smoke?1=yes2=no			
	3.3.1 If NO, what age were you when you stopped?			
3.4	For how many years did you smoke/have you been a smoker?			
3.5	How many cigarettes per day did you used to smoke/do you smoke? (record the number of cigarettes per day of the longest period)			

4	ALCC	HOL DRINKING /	PAG-INOM NG ALAI	K	
4.1	Do yo Umiin	u drink alcoholic be om ba kayo ng alak	verages??	1=yes 1=oo	2=no 2=hindi
(If I	NO, go t	o 5.1) (Kung F	lINDI ang sagot - ita	nong ang 5.1)	
4.2		, do you drink almo OO, umiinom ba kay	st every day or only o		2=occasionally
				1=halos araw-araw	2=minsan lang
5	REPR	ODUCTIVE HISTOR	RY / PANGANGANA:	K	
5.1	How ol	d were you when yo ong gulang ho ba ka	ou first menstruated? yo noong una kayong	g niregla?	·····
5.2	Are you Nirereg	u still menstruating? lla pa ba kayo?	1=yes2 1=oo2	=no3=Do not know =hindi3=hindi ko alam	
5.3		mor	iregla? s ago _ Ila nths ago _ Ila rs ago _ Ila	ang araw na ang nakakara ang buwan na ang nakaka ang taon na ang nakakaraa	raan
5.4	If no me Kung hi	enstruation in the last ndi na kayo nireregl 1=natural 2=surgical 3=following radiatio 4=pregnancy	a sa loob ng labing-d 1=natural r 2=Inoperah on 3=na-radio	nan sa matris/obaryo	i?
	5.4.1	Kung kayo'y inoper 1=both remov 2=only one 3=do not knov 4=only hyster	ahan, alam ba ninyo red 1=pareh 2=isa lar w 3=hindi k ectomy, no ovaries re	co alam emoved	ang obaryo?
5.5 (If NO	Nagda	ilantao ho na ba ka	nant? yo? DI, itanong ang 5.6.	1=002=hindi	
(\mathscr{U} How old were yo		regnant?	
	5.5.2	How old were you llan tacng gulang (0=walang pinang	ho ba kayo noong ip	i was born? (0=no live birth inanganak ninyo ang inyor	ns) _ ng panganay?
	5.5.3	How old were you llan taong gulang (C=walang pinang	ho ba kayo neong ipi	was born? (0=no live birth inanganak ninyo and inyor	s) _ _ g buso?

•	5.5.4	How many of t	the following have yo	ou had? (0=i	none)	
		Sa karanasan	ninyo, ilan sa mga s	umusunod a	ang naranasan ninyo?	
		Full term	ı pregnacies (include	live and sti	llbirths)	.
		Pag-ana	k pagkatapos ng siya	am na buwa	ın (buhay/patay)	
		Spontan	eous miscarriages			
		Pagbunt	is na kusang nalagla	g		
		Induced	abortions			
			is na ipinalaglag			
If MEN	IOPAUSA	AL, go to 5.7	Kung Kayo'y ME	NOPAUSE	na sa 5.7	
5.6.1	Are voi	currently prean	iant?	1=yes	2=no3=Maybe	
3.0.1	Magnar	nasuso ho ha ka	vo ngayon?	1=00	2=hindi3=Malamang	
	Maghal	Jasuso no ba ka	, o nga, on		····	
	Aro	hroast feeding		1=ves		
5.6.2	Kaya b	o ha ay nagnan	asuso?	1=00	2=hindi	
~	Kayon	o ba ay nagpapa	15050 :			
		an averyood an	v contracentive meth	nods?	1=yes2=no	
5.7	Have yo	ou ever used an	na nagkontra sa nai	huhuntis?	1=002=hindi	11
	Gumag	amit na ba kayo	ny paykonina sa pai	ot a contra	contive is	
	Make s	ure that the int	erviewee knows wh	iat a Contra	kontrasontibo	
	Segura	duhing alam no	g pasyente ang ibig	sasiiiii ng	i kontraseptino	
					: 4)	
(If NO,	go to 6.1	1) (Kung H	INDI ang sagot - Ita	nong ang c	0.1)	
	Which o	of the following c	ontraceptive method	ls have you	ever used?	
	Ano sa	mga sumusunod	d na pagkontra sa pa	agbubuntis a	ang ginamit o ginagamit ninyo sa inyong	
	buhay?					1
	5.7.1 0	ral contraceptive	}		age when first used	_
	Ta	abletang kontras	eptibo o pill		Gulang noong unang gumamit	,
					age when last used _	1
					Gulang noong huling gumamit	
	La	ast brand used, r	name			
	Pa	angalan ng pinak	kahuling tabletang gi	namit o gina	agamit	
	5.7.2 Ini	ectable contrace	eptive		age at first injection	
		eksiyong kontras			Gulang noong unang gumamit	
	••••		'		age at last	
					Gulang noong huling gumamit	
	5 7 3 St	erilization by tub	al ligation		age at intervention	
	M:	av tale and tubo	ng matris (tubal ligat	tion) Gulan	g noong nagpatale	
	1410	a, talo alig tabo		,		
	571 Ot	her specify (cum	nulative code)			
	1h	ana klasena kon	traspetibo (summa to	otal)	\	
	103	ang Maseng Kon	Laspeline (summa t	1=Con	dom	
					phragm	
				2= Dia 4=IUD	prinagini	
					odic abstinence or rhythm/o pag-didiyeta	
				o-peni	Julic absumence of myunino pag-didiyeta	

6	FAMILY HISTORY OF BREAST CANCER PAGKAKAROON NG KANSER SA SUSO SA PAMILYA
6.1	Did your mother ever have a diagnosis of breast cancer?1=yes2=no
	Nagkaroon ba ng kanser sa suso ang inyong nanay? 1=00 2=hindi
(If I	NO goto 6.2) (kung HINDI ang sagot - itanong ang 6.2)
	.1 What age was she when she had breast cancer? (99 if age not known) _
	llan taong guland and inyong nanang noong nagkaroon siya ng kanser sa suso? (99 kung hindi alam)
6.1	2 Is your mother alive?1=alive 2=dead 3=unknown
	Bhay pa ba ang inyang ina? 1=buhay 2= patay 3=hindi alam
6.1.	3 What age is/was she when she died ? (99=unknown)
6.2	How many sisters do/did you have? (0=no sisters) _ Mayroon ba kayong mga kapatid na babae? Kung mayroon, ilan sila (0 = kung wala)
If N	ONE, go to 6.3 Kung WALA ang sagotItanong ang 6.3
6.2.	1 Have any of them had breast cancer?1=yes2=no
	May isa ba sa iyong mga kapatid na babae ang nagkaroon ng kanser sa suso?1=002=hindi
6.3	How many brothers do/did you have? (0=no brothers)
	Mayroon ba kayong mga kapatid na lalake? Kung mayroon, ilan sila? (0 =kung wala)
IF N	ONE, go to 6.4 Kung WALA ang sagotltanong ang 6.4
6.3.	1 Have any of them had breast cancer?
	May isa ba sa kanila ang nagkaroon ng kanser sa suso?1=002=hindi
6.4	How many daughters do/did you have? (0=no daughters)
	Mayroon ba kayong mga anak na babae? Kung mayroon, ilan sila (0 = kung wala)
	ONE, go to 7.1 Kung WALA ang sagot - Itanong ang no 7.1
6.4.	1 Have any of them had breast cancer?
	May isa ba sa kanila ang nagkaroon ng kanser sa suso?1=002=hindi
7	PAP TESTS PAP SMEAR TESTS
7.1	Have you ever had a Pap smear in your life? 1=yes2=no
	Nagpasilip na ba kayo sa puwerta at nag-papap-smear?1=002=hindi
	Make sure that the interviewee knows what a Pap smear is
	Seguraduhing alam ng pasyente kung anong ibig sabihin ng pap smear
if NC	O, go to 8.1 Kung HINDI ang sagot - Itanong and no. 8.1
7.2	How many pap smears have you had in your life?
	Ilan na bang pap smear ang naisagawa sa inyo?
7.3	At what age you had the first one?
	Ilan taong gulang ho ba kayo noong ginawa ang pinakauna ninyong pap smear?
7.4	At what age you had the last one? _
	Ilan taong gulang ho ba kayo noong ginawa ang pinakahuli ninyong pap smear?

8	SELF-REPORTED ANTHROPOMETRIC MEASURES / TAAS AT TIMBANG NG PASYENTE
8.1	What is your height?
8.2	What is your weight? (lbs)
8.3	When you were a girl, before you had your first menstration, would you describe your weight as 1=less than 2= more than or 3= similar to that of the majority of your friends?
9 Pi	REVIOUS EXAMINATIONS OF THE BREASTS / MGA NAKARAANG EKSEMEN SA INYONG SUSO
9.1	Have you ever been examined by a doctor, in a Hospital or Health Centre for any breast complaints? 1=yes2=no3=Don't remember
(If N	O, the questionnaire is finished) (Kung HINDI, itanong ang
	9.1.1 Have you ever had a diagnosis or biopsy of breast lump? (Check breasts for scars needle point or incision)1=yes2= no9= unknown
	Nagkaroon na ba kayo ng biopsy o operasyon sa suso na napatunayan sa ospital? (Tingnan kung may hiwa o peklat sa suso)1=002=hindi9=hindi alam
	9.1.2 Kailan ang huling papatingin ninyo sa doktor o ospital dahil sa problema sa suso gaya ng bukol sa suso ArawBuwanTaon Pangalan ng ospital or klinik o health center: Address: Pangalan ng doktor: Sabihin kung anong klaseng problema sa suso :

If YES, fill in the forms BBD for benign breast disease

This is the end of the Questionnaire. Thank you very much for your time and cooperation. Now I would like to examine your breasts and show you how to practice it yourself.

Ito na po ang kahuli-huliang pagtatanong. Maraming salamat po sa inyong oras at tulong. Ngayon, puwede po bang masuri ang inyong suso at ituro ko rin sa inyo and paraan sa pansariling pagsusuri ng inyong suso (Breast Self-Examination or BSE)-----Fill up Form E (Breast Examination Form).

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Appendix 2

Documentation of results for hospital clinics for referral of positive women.

FORM Pr BREAST CANCER SCREENING PROJECT SUBJECT POSITIVE AT BREAST EXAMINATION

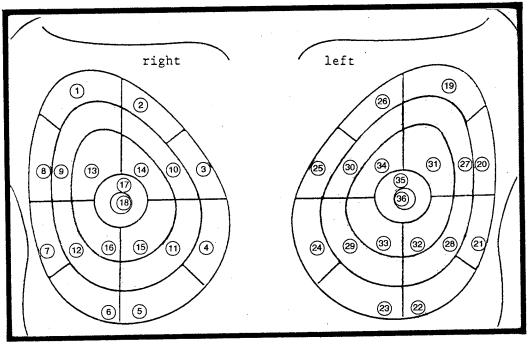
Family N	lame of Su	ct: /_/_/_/_/ Initials /_/-/_/_/_/
Referral (Visit Nu		MMC 2- PGH 3- RMC 4- others, specify /_/ /_/
Examine	r:	
P1.1	Is health	orker's breast findings confirmed as per referral? 1- Yes 2- No /_/
	P1.1.1	If Yes> Fill up the 2nd Page of this Form.
	P1.1.2	If the patient does not have a lump, Assure her and advise her to Follow-Up at the Health Center which referred her.
P2.1	<u>If Yes</u> , v	a biopsy done? 1- Yes 2- No /_/
	P2.1.1	<u>If No</u> , why
	P2.1.2	If Yes, when: Day /_/_/ - Mon /_/_/ - Yr /_/ Histopath No: /_/_/_/_/
		What is the histological diagnosis: ICD-O /_/_/_/_/_/_/_/
		If the histological diagnosis is cancer> Fill Up UICC Breast TNM Form.
		MAKE SURE THE PATIENT FOLLOWS-UP OR MAKE SURE SHE CAN BE FOLLOWED-UP FOR 5 YEARS. ——Fill Up UICC HTR Form.
		ts and questions by the interviewee

Today's Date: Day /_/_/- Mon /_/_/- Yr /_/_/

NOTE: Prepare Form Pr in 3 copies (autocopy) on different background color. Copies are for the hospital's file, coordinating center's file, and the referral center's copy.

SUBJECT POSITIVE AT BREAST EXAMINATION	Today's Date:	Day /_/_/- Mon /_/_/ - Yr /_/_
Study ID Number: /_/_/-/_/_/-/_/_/_/_/_/ Mun'ty B'gay HS Record No. from pop'n list	· .	
Family Name of Subject /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_	_/_/_/_/	Initials /_/-/_//-/_/
Referral Center: 1- JRRMMC 2- PGH 3- RMC 4- others, specify		_ _ _
Examiner:		<i>I_I</i>

Indicate laterality, location, size, mobility of the breast abnormalities below. Use graph numbers to identify lump in the describing section and blacken it on the design



Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/	Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/
Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/	Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/
Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/	Lump No. /_/_/ Size: maximum Ø in cm., 9= more than/= 9 cm/_/ Mobility: 1=mobile 2=fix/_/ Hardness: 1=stone 2=??? 3=soft/_/